




This form will be the basic record of YOUR ACCOUNT. **DO NOT FILE THIS FORM UNTIL YOU HAVE PAID WAGES WHICH EXCEED \$100.00.** Please read the **INSTRUCTIONS** on the back before completing this form. **PLEASE PRINT OR TYPE.** Return this form to: 

EMPLOYMENT DEVELOPMENT DEPARTMENT
TAX STATUS & EXAM GROUP, MIC 28
P.O. BOX 826880
SACRAMENTO CA 94280-0001
(916) 654-7041 / FAX 654-9211

DE 1AG REGISTRATION FORM FOR AGRICULTURAL EMPLOYERS

ACCOUNT NUMBER				QUARTER		ETCSO		FED CODE		ON-LINE PROCESS DATE		TAS CODE	
DEPT. USE ONLY													

A. BUSINESS NAME				OWNERSHIP BEGAN OPERATING MONTH: DAY: YEAR:				FEDERAL I.D. NUMBER					
B. OWNER, CORPORATION, OR LIMITED LIABILITY COMPANY (LLC) NAME				Social Security No./Corp. or LLC I.D. No.				DRIVER'S LICENSE NUMBER					
List all partners,* corporate officers, LLC Members, Managers and Officers		TITLE (Partner, Officer Type, LLC Member, LLC Manager)		SOCIAL SECURITY NUMBER				DRIVER'S LICENSE NUMBER					
If entity is a Limited Partnership , indicate General Partner with an (). List additional partners, LLC members, officers on a separate sheet.													
C. BUSINESS LOCATION Street and Number (see instructions).				CITY OR TOWN		STATE		ZIP CODE		COUNTY			
MAILING ADDRESS (in care of P.O. Box or Street and Number)				CITY OR TOWN		STATE		ZIP CODE		PHONE NUMBER ()			
D. HAVE YOU EVER BEEN REGISTERED WITH THIS DEPARTMENT? <input type="checkbox"/> NO <input type="checkbox"/> YES				IF YES, ENTER EMPLOYER ACCOUNT NUMBER, BUSINESS NAME AND ADDRESS ACCOUNT NUMBER BUSINESS NAME ADDRESS									
E. Indicate first quarter and year in which wages exceeded \$100.00 <input type="checkbox"/> Jan.-Mar. 19 ____ <input type="checkbox"/> July -Sept. 19 ____ <input type="checkbox"/> Apr.-June 19 ____ <input type="checkbox"/> Oct. - Dec. 19 ____				F. Will you withhold Personal Income Tax from any employee wages? <input type="checkbox"/> No <input type="checkbox"/> Yes If "yes" will you be subject to Federal monthly/semi-weekly deposits? <input type="checkbox"/> No <input type="checkbox"/> Yes									
G. ORGANIZATION TYPE <input type="checkbox"/> (IN) INDIVIDUAL OWNER <input type="checkbox"/> (HW) HUS/WIFE CO-OWNERSHIP <input type="checkbox"/> (GP) GENERAL PARTNERSHIP <input type="checkbox"/> (CP) CORPORATION <input type="checkbox"/> (LC) LIMITED LIABILITY COMPANY <input type="checkbox"/> (OT) OTHER (Specify) _____				H. DO YOU EMPLOY NON-AGRICULTURAL WORKERS? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please enter: Account Number: _____ - _____ Business Name: _____									
I. List your principal crop(s) or commodities:										J. Number of Employees			
K. CONTACT PERSON FOR BUSINESS				NAME				ADDRESS				PHONE ()	
L. SUPPORTIVE SERVICES If you are part of a larger organization and you are primarily engaged in providing supportive services to other establishments of the larger organization, check one of these boxes. (1) <input type="checkbox"/> Control Administrative (headquarters, etc.) (3) <input type="checkbox"/> Storage (warehouse) (5) <input type="checkbox"/> Does not apply (2) <input type="checkbox"/> Research, development, or testing (4) <input type="checkbox"/> Other (specify) _____													
M. Is this a(n): <input type="checkbox"/> New business <input type="checkbox"/> On-going business just purchased (<input type="checkbox"/> All <input type="checkbox"/> Part) <input type="checkbox"/> Other _____ <input type="checkbox"/> Change of partner(s) <input type="checkbox"/> Change in form - (Sole proprietor to partnership; partnership to corporation; partnership to limited liability company; merger; etc.) IF THE BUSINESS WAS PREVIOUSLY OWNED, PROVIDE THE FOLLOWING INFORMATION: Previous Owner Business Name Purchase Price Date of Transfer EDD Account Number													
N. DECLARATION These statements are hereby declared to be correct to the best knowledge and belief of the undersigned.													
Signature _____				Date _____				Residence Phone ()					
Title _____				Residence Address _____				Street City State ZIP Code					
(Owner, Partner, Officer, Member, Manager)													

INSTRUCTIONS FOR DE 1AG REGISTRATION FORM FOR AGRICULTURAL EMPLOYERS

An employer is required by law to file a registration form with the Employment Development Department (EDD) within **fifteen (15) calendar days** after paying over \$100 in wages for employment in a calendar quarter, or whenever a change in ownership occurs.

- A. BUSINESS NAME** — Give the name by which your business is known to the public. Enter "None" if no business name is used. Enter the date the new ownership began operating. Enter Federal Employer Identification Number(s). If not assigned, enter "Applied For."
- B. OWNER, CORPORATION, OR LIMITED LIABILITY COMPANY (LLC) NAME** — Enter the full given name, middle initial, surname, title, social security account number, and driver license number for each individual, partner, corporate officer, or LLC member/officer/manager. If the business is a corporation, enter name exactly as spelled and registered with the Secretary of State. Include corporate or LLC identification number.
- C. BUSINESS LOCATION** — Enter the California address and county where the business in A is physically conducted. If more than one California location, list on a separate sheet and attach to this form. In Mailing Address, enter the address where EDD correspondence and forms should be sent. If this address is the same as the business location, enter "Same." Provide daytime business phone number.
- D. PRIOR REGISTRATION** — If any part of the ownership in B is operating or has ever operated at another location, check "Yes" and provide account number, business name and address. If more than one account number, list on separate sheet.
- E. WAGES** — Check the appropriate box when you first paid over \$100 in wages.
- F. PIT WITHHOLDING** — Check appropriate box. If you are not sure if you are subject to federal monthly/semi-weekly Personal Income tax deposits, contact your local Employment Tax Customer Service Office (ETCSO).
- G. ORGANIZATION TYPE** — Check the box which best describes the legal form of the ownership in B.
- H. NON-AGRICULTURAL WORKERS** — If you answered yes, provide account number and business name.
- I. PRINCIPAL CROPS/COMMODITIES OR ACTIVITIES** — List the primary crops or agricultural services which the business performs, such as apple grower, farm labor contractor, veterinary services, etc.
- J. EMPLOYEES** — Enter total number of employees for the ownership in B.
- K. Contact Person** — Enter the name and phone number of the person authorized by the ownership shown in B to provide information to EDD staff.
- L. SUPPORTIVE SERVICES** — Check the box which best describes the supportive services provided by B.
- M. STATUS OF BUSINESS** — Check the box that best describes why you are completing this form. If the business was previously owned, provide owner and business name, purchase price, date ownership was transferred to this ownership and EDD account number.
- N. DECLARATION** — This declaration should be signed by one of the names shown in B.

NEED MORE HELP OR INFORMATION? Call Tax Status and Examination Group (TSEG) in Sacramento at (916) 654-7041 with questions regarding this form or the registration and account number assignment process. If you have questions about whether your business entity is subject to reporting and paying state payroll taxes, contact the nearest Employment Tax Customer Service Office (ETCSO) listed in your local telephone directory under State Government, Employment Development Department or call the Sacramento ETCSO at (916) 255-1965.

Three options for obtaining a new employer account number are available: by mail, by calling (916) 654-7041 to obtain your account number over the phone, or by 24-hour FAX service at (916) 654-9211. All three options require that a registration form be completed and mailed to: Employment Development Department, Tax Status & Examination Group, MIC 28, P.O. Box 826880, Sacramento, CA 94280-0001.

We will notify you of your EDD Identification number by mail. To help you understand your tax withholding and filing responsibilities you will be sent a California Employer's Guide, DE 44. Please keep your account status current by notifying TSEG of all future changes to the original registration information.